. 92									Application or Docket Number				
₽ATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003									10763318				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THA			THAN		
·TO	OTAL CLAIMS							RATE	FEE	7	RATE	FEE	
FC)R		NUMBER	FILED	NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			26. mir	าบร 20=	• • 6			XS 9:		OR	X\$18=	·	
INDEPENDENT CLAIMS			6 minus 3 =		· 2			X43=		┪~~	X86=		
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT	•	.0					OR			
<u> </u>	the difference	in column 1 is	less than zero, enter "O" in colu			ntumn 2		+145:		OR	+290=	6-74	
								TOTA	·	OR	TOTAL		
	(Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR	OTHER SMALL		
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUMI PREVIO	EST BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 26	Minus	-2	6			XS 9=		OR	XS18=		
	Independent	. 5	Minus	5		- /		X43=		OR	X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT			CLAIM			+145=			+290=			
								101/		OR	TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT. FE	E	OR	ADDIT. FEE		
_			(Colun					ADDI-	1		ADDI-		
AMENDMENT B	1.0	REMAINING AFTER AMENDMENT		NUMI	USLY	PRESENT EXTRA		RATE		.	RATE	TIONAL	
	179-07			PAID					FEE			FEE	
	Total	. 24	Minus	-24		-		X\$ 9=		OR	X\$18=		
ME	Incependent	- 5	Minus	5	<u> </u>	<u> </u>		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
101/											TOTAL		
								NDDIT. FE	E	J O	ADDIT. FEE		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									1 4000	1		ADDI-	
NTC		REMAINING AFTER		PREVIO	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	TIONAL FEE	
AMENDMENT C.	Trans.	AMENDMENT	Adlana	PAID	-UA		łł		FEE		24242	PES	
	Total Independent		Minus Minus	••			!	X\$ 9=		OR	X\$18=		
AM	FIRST PRESENTATION OF MULTIPLE DEPEND			ENDENT	CLAIM		l	X43≑		OR	X86=		
	THOTTHESE	INDIFFICACIONAL MOLTIFIC DEFENDENT COMM								OR	+290=		
* If the entry in column 1 is less than the entry in column 2, wide "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT EFF											TOYAL		
	If the "Highest Nu	mber Previously Pa	id For IN THIS	S SPACE IS	less tha	n 3, enter "3."	_	DOIT. FE		•	ADDIT. FEE		
	rne "Highest Num	iber Previously Pai	ror (Total or	undepende	ent) as the	unduses unumpe	# TOU	na m me i	shbrobuste 00	a ur ÇO	WINI +.		

FORM PTO-875 (Rev 10/03)

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